

3013

PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/029,225-Conf. #3449
	Filing Date	December 20, 2001
	First Named Inventor	Monica A. McClintic
	Art Unit	3713
	Examiner Name	K. T. Nguyen
Total Number of Pages in This Submission	Attorney Docket Number	29757/AG65

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MARSHALL GERSTEIN & BORUN LLP		
Signature			
Printed name	Paul C. Craane		
Date	December 1, 2004	Reg. No.	38,851

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

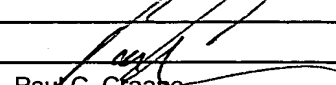
Dated: December 1, 2004

Signature: (Paul C. Craane)

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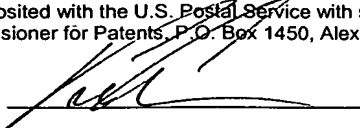
FEE TRANSMITTAL for FY 2005 <small>Effective 10/01/2004. Patent fees are subject to annual revision.</small>		Complete if Known	
		Application Number	10/029,225-Conf. #3449
		Filing Date	December 20, 2001
		First Named Inventor	Monica A. McClintic
		Examiner Name	K. T. Nguyen
		Art Unit	3713
		Attorney Docket No.	29757/AG65
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$) 610.00		

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order		2. EXTRA CLAIM FEES			
<input type="checkbox"/> Deposit Account	<input type="checkbox"/> None			Fee Description	Fee (\$)	Small Entity Fee (\$)	
Deposit Account Number	13-2855			Each claim over 20	18	9	
Deposit Account Name	MARSHALL, GERSTEIN & BORUN LLP			Each independent claim over 3	88	44	
The Director is authorized to: (check all that apply)				Multiple dependent claims	300	150	
<input type="checkbox"/> Charge fee(s) indicated below				For Reissues, each claim over 20 and more than in the original patent	18	9	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee				For Reissues, each independent claim more than in the original patent	88	44	
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17				Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
<input checked="" type="checkbox"/> Credit any overpayments				- 20 or HP = _____ x _____ = _____			
To the above-identified deposit account.				HP= highest number of total claims paid for, if greater than 20			
<input type="checkbox"/> Other (please identify): _____				Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
				- 3 or HP = _____ x _____ = _____			
				HP= highest number of independent claims paid for, if greater than 3			
				Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	
FEE CALCULATION				Subtotal (2) \$ 0.00			
1. BASIC FILING FEE				3. OTHER FEES			
Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)	Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid
Utility Filing Fee	790	395		1-month extension of time	110	55	
Design Filing Fee	350	175		2-month extension of time	430	215	430.00
Plant Filing Fee	550	275		3-month extension of time	980	490	
Reissue Filing Fee	790	395		4-month extension of time	1,530	765	
Provisional Filing Fee	160	80		5-month extension of time	2,080	1,040	
Subtotal (1) \$ 0.00				Information disclosure stmt. Fee	180	180	180.00
				37 CFR 1.17(q) processing fee	50	50	
				Non-English specification	130	130	
				Notice of Appeal	340	170	
				Filing a brief in support of appeal	340	170	
				Request for oral hearing	300	150	
				Other: _____			
				Subtotal (3) \$ 610.00			

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	38,851
Name (Print/Type)	Paul C. Craane	Telephone	(312) 474-6300
		Date	December 1, 2004

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